ACC.12
61st Annual Scientific Session & Expo
ACC-i2 with TCT innovation in intervention

E439
JACC March 27, 2012
Volume 59, Issue 13

Acute Coronary Syndromes

YOUNG WOMEN WITH ACUTE CORONARY SYNDROME EVENTS: ARE ALL WOMEN THE SAME?

ACC Moderated Poster Contributions
McCormick Place South, Hall A
Sunday, March 25, 2012, 9:30 a.m.-10:30 a.m.

Session Title: Acute Coronary Syndromes: Basic I
Abstract Category: 6. Acute Coronary Syndromes: Basic
Presentation Number: 1175-514

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Background: Prior studies suggest increased mortality among young women experiencing acute coronary syndromes (ACS); however, data on characteristics which place younger women at risk is limited.

Methods: We examined data from 3,237 men and women admitted to the University of Michigan Health System with an ACS event from January 1999 to December 2006. Women were grouped by age into a younger group < 55 years of age and those 55 years or older. Demographics, medications on admission, in-hospital management and outcomes at six-month were included in the analysis. The primary outcomes of interest included cardiac related rehospitalization, revascularization, recurrent myocardial infarction (MI), and death.

Results: Women under 55 years old represented 7.8% of the cohort. Compared to older women and men, younger women were more likely to be current smokers ($p < .001$) and obese ($p < .001$), but less like to have a prior history of cardiac disease, hypertension or stroke. Rates of hyperlipidemia were similar between the three groups. Younger women were less likely to receive lytic therapy or percutaneous coronary interventions. Upon discharge, younger women were less likely to receive beta blockers ($p < .001$), ace-inhibitors/ARBs ($p \leq .001$), lipid-lowering therapies ($p < .001$) or clopidogrel ($p < .001$) as compared to older women or men. At six months, mortality rates were lowest among younger women; however, rates of recurrent MI were statistically similar for the three groups. Rates of revascularization were highest among young women (37.4% for younger women, 33.2% for older women, and 27.6% for men, $p < 0.001$). Only serum creatinine predicted rehospitalization rates among younger women (OR 1.37, 95% CI 1.06 - 1.76); while prior history of heart failure ($p = .002$), MI ($p = .049$), PCI ($p = .004$) and history of smoking ($p = .008$) were predictors of rehospitalization among older women.

Conclusion: Young women presenting with ACS have high rates of rehospitalization. Younger women are less likely to receive evidence based medications and more likely to be readmitted within six-months after ACS. Further research is warranted to understand predictors of rehospitalization among younger women.